

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 27, 2014

Via Hand Delivery

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554 ACCEPTED/FILED JUN 2 7 2014

Federal Communications Commission Office of the Secretary

Re: WC Docket No. 10-90, WC Docket No. 11-42

2014 ETC Annual Report of Yadkin Valley Telephone Membership

Corporation

Study Area Code 230511

Dear Ms. Dortch:

On behalf of Yadkin Valley Telephone Membership Corporation ("Yadkin Valley"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Yadkin Valley seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President 301-459-7590

ikuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

3 47 C.F.R. §§ 0.457, 0.459, 54.202(a).

Echelon Building II, Suite 200 9430 Research Blvd., Austin, TX 78759 phone: 512-338-0473, fax: 512-346-0822 Eagandale Corporate Center, Suite 310 1380 Corporate Center Curve, Eagan, MN 55121 phone: 651-452-2660, fax: 651-452-1909 6849 Peachtree Dunwoody Road Bldg. B-3, Suite 200, Atlanta, GA 30328 phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane Bountiful, UT 84010 phone: 801-294-4576, fax: 801-294-5124

^{1 47} C.F.R. §§ 54.313, 54.422.

² Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).



7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com June 27, 2014

ACCEPTED/FILED

Federal Communications Commission
Office of the Secretary

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42

2014 ETC Annual Report of Yadkin Valley Telephone Membership

Corporation

Study Area Code 230511 Request for Confidentiality

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Yadkin Valley Telephone Membership Corporation (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules, withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).²

- The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").³
- Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission an initial section 54.202(a) Five-Year Service Quality Improvement Plan ("Five-Year Plan") which is contained in the attachment to the 2014 Report.⁴
- 3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

^{3 47} C.F.R. §§ 54.313, 54.422.

⁴ See In the Matter of Connect America Fund, WC Docket No. 10-90, Order DA 14-591 (rel. May 1, 2014).

4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

In its March 5, 2013 Order, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories." Accordingly, because the Company is a rate-of-return carrier, it must file a five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

- 5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.
- 6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has

⁵ See Connect America Fund et al., WC Docket 10-90 et al., Order, DA 13-332 (rel. Mar. 5, 2013) ("March 5, 2013 Order") at para 9 citing Section 54.202(a) (1) (ii).

been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

- Any previous versions of this information are not publicly available.
- Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

FCC For	m 481 - Carrier Annual Reporting REDAC	TED FOR PUBLIC	CINSPECTION	CC Form 481 DMB Control No. 3060 uly 2013	-0985/OM8 Control No. 3060-0819
<010>	Study Area Code	230511			
<015>	Study Area Name	YADKIN VALLEY TEL			
<020>	Program Year	2015			ACCEPTED/CIL
<030>	Contact Name: Person USAC should contact with questions about this data	Kathy Groce			ACCEPTED/FILED JUN 2 7 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3364631841 ext.		Fede	office of the Secretary
<039>	Contact Email Address: Email of the person identified in data line <030>	kgroce@yadtel.com	1		Office of the Secretary
ANNUA	L REPORTING FOR ALL CARRIERS				Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached works	sheet)	1 WHILE
<200>	Outage Reporting (voice)		(complete attached works	sheet)	1 1
<210>	< check box if no	outages to report			1 20000
<300>	Unfulfilled Service Requests (voice) 0			1	
<310>	Detail on Attempts (voice)				
				(attach descriptive de	ocumenty
<320>	Unfulfilled Service Requests (broadband)			7	1 WILLIAM
<330>	Detail on Attempts (broadband)			(attach descriptive o	document)
<400>	Number of Complaints per 1,000 customers (voice)			_	
<410>	Fixed 0.0				1 1
<420>	Mobile 0.0				
<430> <440>	Number of Complaints per 1,000 customers (broad)	oand)			1 Comment
<450>	Mobile 0.0				
<500>	Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	cation)	1 1
<510>	=		(attached descriptive	document)	/ /
<600>	Functionality in Emergency Situations 230511nc610.pdf		(check to indicate certific	cation)	/ /
<610>			fattached descriptive doc	ument)	/ /
<700>	Company Price Offerings (voice)		(complete attached work	sheetl	
<710>	Company Price Offerings (Voice) Company Price Offerings (broadband)		(complete attached work	7771274141	1 (11)113
<800>	Operating Companies and Affiliates		(complete attached work	sheet)	1 1
	Tribal Land Offerings (Y/N)?		(if yes, complete attached work		
<1000>	Voice Services Rate Comparability		(check to indicate certific	cation)	1
<1010>	*		(attach descriptive docu	ment)	
<1100>	Terrestrial Backhaul (Y/N)? O		(if not, check to indicate certifi	ication)	
<1110>			(complete attached work		
<1200>	Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional	Documentation Wa	(complete attached work	(sneet)	
	Including Rate-of-Return Carriers affiliated with Pr		***************************************		
<2000> <2005>	messering note of neturn corners affinited With Fi	tee eup Locui Excitati	(check to indicate certific (complete attached work		The state of the s
-2005	Rate of Return Carriers, Proceed to ROR Additional	Documentation Wo			
<3000> <3005>		-	(check to indicate certific (complete attached work		V Allen

South State of the	ervice Quality improvement Reporting dilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	230511	
<015>	Study Area Name	YADKIN VALLEY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	230511nc112.pdf company is a	
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

<220>

9220		4.5			100401	5040	2020	80		223	
<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f> Did This Outage</f>	<g></g>	<h>></h>
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
			27531172 s	19255		Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
	1										
	1										
	1							 			
	-							-			
	1							1			

Out of the second	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	230511	
<015>	Study Area Name	YADKIN VALLEY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge		

<31>	<82>	<a3></a3>	<b1></b1>	 kb2>	<b3></b3>	<ba><b4></b4></ba>		<∞
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
		-						
				See at	tached worksheet			
					Table Workshoot			
								
					 			

Data Col	adband Price Offerings lection Form		FCC Form 481 OMB Control No. 3060-0986/GMB Control No. 3060-0919 July 2013
<010>	Study Area Code	230511	
<015>	Study Area Name	YADKIN VALLEY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com	

<01>	<92>	 4b1>	- <b2></b2>	<e></e>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
11-11								
		 						
		 	- See attac	hed				
			worksheet -					

	erating Companies ection Form	FEC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com
<810>	Reporting Carrier Yadkin Valley Telephone Membership Corporati	ion
<811>	Holding Company	
<812>	Operating Company	

c013> IIII		4<22>	∠ ä3>
(0137	Affiliates	SAC	Doing Business As Company or Brand Designation
_			
_			3
	0		
_	See atta	ached workshe	pet
_			
-			
_			
_			
_			
_			
_			
_			
-			
_			
-			
		~~~	

STATE OF THE PARTY	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <039> <910>	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030: Contact Email Address - Email Address of person identified in data line <030: Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
to confi	(Y) Needs assessment and deployment planning with a focus on Tribal	Select (es,No, NA)

AND DESCRIPTION OF THE PARTY.	o Terrestrial Backhaul Reporting ection Form	FCC Form OMB Cor July 2013	ntrol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	230511	
<015>	Study Area Name	YADKIN VALLEY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce	
<035>	Contact Telephone Number - Number of person identified in data line <030	3364631841 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	kgroce@yadtel.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	ection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code		230511
<015>	Study Area Name		YADKIN VALLEY TEL
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line	<030>	3364631841 ext.
<039>	Contact Email Address - Email Address of person identified in data lin	e <030>	kgroce@yadtel.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	2	230511nc1210.pdf
		-	Name of Attached Document
<1220>	Link to Public Website	НТТР	
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	10,	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1	
<1222>	Details on the number of minutes provided as part of the plan,	<b>V</b>	
<1223>	Additional charges for toll calls, and rates for each such plan.	<b>/</b>	

(2000) Pr	ice Cap Carrier Additional Documentation	(SA(1)) [[1] [[2] [[2] [[2] [[2] [[2] [[2] [[2]	(14) YEAR (15) (15) (15)	FCC Form 481	
Data Coll	ection Form	<b>中面"以"。但是这个"多种和特别",中心是是</b>		OMB Control No. 3060-0986/OMB	Control No. 3060-0819
自由的解析的	自己的 16、 16、 16、 16、 16、 16、 16、 16、 16、 16、			July 2013	
including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			201	
<010>	Study Area Code	230511			
<015>	Study Area Name	YADKIN VALLEY TEL			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce			
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com			
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Ameri	ica Phase I support, frozen High Cost support	High Cost support to offset a	ccess charge reductions, and Connect	America Phase II
CHECK L	support as set forth in 47 CFR § 54.313(b),(c),(d),(c	그러워요. 그러워 그 그래까 그리고 그리고 그리고 그리고 그리고 그렇다.			anches i nase n
	Support as set lottle in 47 ciri 3 54.525(a))(4))(a))(1	ey the information reported on this form and	in the accuments attached as		
	Incremental Connect America Phase I reporting				
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))				
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))				
	and the destination (1) of the artistal aftern				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))				
<2012>	2013 Frozen Support Certification				
<2013>	2014 Frozen Support Certification				
<2014>	2015 Frozen Support Certification				
<2015>	2016 and future Frozen Support Certification				
	and the latest of the latest o				
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Reporting {47 CFR § 54.313(e)}				
<2017>	3rd year Broadband Service Certification		<del></del>		
<2018>	5th year Broadband Service Certification				
<2019>	Interim Progress Certification				
<2020>	Please check the box to confirm that the attached document(s), on	line 2021, contains the required informat	ion I		
<2020>	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support	shall provide the number, names, and			
	addresses of community anchor institutions to which began providing	ng access to broadband service in the			
	preceding calendar year.				
				1	
		10.0		l l	
<2021>	Interim Progress Community Anchor Institutions	1			
		1		-	
		1		1	
		Name	of Attached Document Listing	Required Information	

711	seed have the set over the second point of the second second second second second	REDACTED FOR PUBLIC INSPECTION
(3000) R	ate Of Return Carrier Additional Documentation	FCC Form 481
TE TO THE		等。如果是在1000年间,我们就是一个1000年间,我们就是一个1000年间,我们就是一个1000年间,我们就是一个1000年间,不是一个1000年间,我们就是
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
更制建		July 2013
<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@vadtel.com
CHECK	he boxes below to note compliance on its five year service quality plan (pursuar	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
January)		ne information reported on this form and in the documents attached below is accurate.
	2000-700-00 to 100-700-700-00 to 100-00 to 100-000 to 100-00 to 10	
		1
(3010)	Progress Report on 5 Year Plan	
,,	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses the confirmation of the confirma	
	providing access to broadband service in the preceding calendar year.	esses of continuinty anchor institutions to which began
		1
		1
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	1
		Name of Attached Occurrent Listing Regulard Information
(0000)		Name of Attached Document Listing Required Information (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  If yes, does your company file the RUS annual report	(Yes/No)
200 A	alah batan dalah salah s	20
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
	Telecommunications Borrowers)	=
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	
	report and all required documentation	1
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fe	ormat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.
	If the response is no on line 3018, please check the boxes below	2 S
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
0.000	independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	_
(3023)	Underlying information subjected to a review by an independent certified	
Carrier Con-	public accountant	
(3024)	Underlying information subjected to an officer certification.	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	WAS ALL THE COLUMN TO THE COLU
	1	230511nc3026.pdf
(3026)	Attach the worksheet listing required information	
(3020)	comment are storing residence automation	1
	1	<u> </u>
	L	Name of Attached Document Listing Required Information

Data Coll	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 30ly 2013
<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my respond recipients; and, to the best of my knowledge, the information	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support In reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

000000000000000000000000000000000000000	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMS Control No. 3060-0819 July 2013
<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

	is authorized to submit the information reported on behalf of the reporting carrier. sibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ovided to the authorized agent is accurate.
Name of Authorized Agent: John Staurulakis, Inc.	
Name of Reporting Carrier: YADKIN VALLEY TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/26/2014
Printed name of Authorized Officer: Mitzie Branon	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 3364635036 ext.	
Study Area Code of Reporting Carrier: 230511	Filing Due Date for this form: 07/01/2014

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or I	I Recipients on Behalf of Reportin	g Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal servi he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, th		
Name of Reporting Carrier: YADKIN VALLEY TEL		
Name of Authorized Agent or Employee of Agent: John Staurulakis, Inc.		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/26/2014
Printed name of Authorized Agent or Employee of Agent: Amanda Molina		
Title or position of Authorized Agent or Employee of Agent Staff Consultant		
elephone number of Authorized Agent or Employee of Agent: 7705692105 ext.		
Study Area Code of Reporting Carrier: 230511 Filing Due Date for this form:	07/01/2014	

Attachments

# YADKIN VALLEY TELEPHONE COMPANY (SAC 230511) ATTACHMENT - LINE 112 FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN ATTACHMENT REDACTED IN ENTIRETY

Yadkin Valley Telephone Membership Corporation's Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection rules for voice and broadband services:

In establishing this certification in its 2005 ETC Order,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." ² The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis. ³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

Yadkin Valley Telephone Membership Corporation ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules for voice and broadband services. The Company is subject to consumer protection obligations under both federal and state law. The obligations for voice services include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints. The obligations for broadband services include, but are not limited to, public disclosure of

¹ Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² Id. at para. 28.

³ Id. The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." Id. at n. 71.

accurate information regarding network management practices, performance, and commercial terms of broadband internet access services as a means of providing sufficient information for consumers to make informed choices regarding use of such services and for content, application, service and device providers to develop, market, and maintain internet offerings, in accordance with F.C.C. 47 C.F.R. Part 8 §8.3.

Yadkin Valley Telephone Membership Corporation's Demonstration of Ability to Function in Emergency Situations for voice and broadband services:

Yadkin Valley Telephone Membership Corporation ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and N.C. Gen. Stat. § 62A. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of backup power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

A STATE OF THE PARTY OF THE PAR	ce Offerings Including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	230511	
<015>	Study Area Name	YADKIN VALLEY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com	
<701>	Residential Local Service Charge Effective Date  1/1/2014 Single State wide Residential Local Service Charge		

<703>

<a1></a1>	K82>	≺a3>	        	<b2></b2>	 cb3>	<b4></b4>	<bs> /</bs>	<∞
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
NC	Cooleemee		FR	16.2	0.0	0.0	0.0	16.2
NC	Courtney		FR	16.2	0.0	0.0	0.0	16.2
NC	Brooks		FR	16.2	0.0	0.0	0.0	16.2
NC	Ijames		FR	16.2	0.0	0.0	0.0	16.2
NC	Union Grove		FR	16.2	0.0	0.0	0.0	16.2
NC	Harmony		FR	16.2	0.0	0.0	0.0	16.2
NC	New Hope		FR	16.2	0.0	0.0	0.0	16.2
NC	East Bend		FR	16.2	0.0	0.0	0.0	16.2
NC	Forbush		FR	16.2	0.0	0.0	0.0	16.2
NC	Advance		FR	16.2	0.0	0.0	0.0	16.2
-								

(710) Broadband Price Offerings		THE STATE OF THE S	The second of the second	FCC Form 481
Data Collection Form	的。"我们就是一个人的特别的。" 第一句:"我们就是一个人的,我们就是一个人的。"	<b>的</b> 成果,"那是是'多,'对自己发。		OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013

<010>	Study Area Code	230511
<015>	Study Area Name	YADKIN VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com

<81>	×a2>	<0.25	 4b2>	<c> <di><d><di><di><di>&lt;</di></di></di></d></di></c>	<d2< th=""><th>// <d3></d3></th><th></th><th>×d4&gt;</th></d2<>	// <d3></d3>		×d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
NC	A11	49.99	0.0	49.99	6.0	1.0	0.0	Other, No Usage Limits
NC	A11	59.99	0.0	59.99	12.0	2.0	0.0	Other, No Usage Limits
NC	All	70.99	0.0	70.99	25.0	2.0	0.0	Other, No Usage Limits
NC	A11	84.99	0.0	84.99	50.0	4.0	0.0	Other, No Usage Limits
NC	A11	124.99	0.0	124.99	6.0	6.0	0.0	Other, No Usage Limits
NC	All	149.99	0.0	149.99	12.0	12.0	0.0	Other, No Usage Limits
NC	All	224.99	0.0	224.99	25.0	25.0	0.0	Other, No Usage Limits
NC	All	249.99	0.0	249.99	50.0	25.0	0.0	Other, No Usage Limits
						"		
	<del>                                     </del>							
					<del>                                     </del>			

Data Coll	erating Companies ection Form	FCC Fo OMB G July 20	ontrol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	230511	
<015>	Study Area Name	YADKIN VALLEY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Kathy Groce	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3364631841 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	kgroce@yadtel.com	
<810>	Reporting Carrier Yadkin Valley Telephone Membership Corpora	tion	
<811>	Holding Company		
<812>	Operating Company		

<813> <817	<a2></a2>	*a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Yadkin Valley Telecom, Inc.		Yadtel Group
The second section of the section of the second section of the section of the second section of the secti		

#### A2. LOCAL EXCHANGE SERVICE

#### **A2.1 GENERAL**

- A. Residential and business Local Exchange Service is provided through an Exchange Access Line which consists of the central office line equipment and plant facilities up to the Demarcation Point. These facilities are provided and maintained by the Cooperative to provide access to and from the telecommunications network for message toll service and for local calling appropriate to the tariffed use offering selected by the member.
- B. Non-recurring service charges apply to establishing and changing Local Exchange Service. They are listed in Section A-4.
- C. Basic Local Exchange Service provides residential and business service with unlimited calling at a fixed monthly charge to other telephone subscribers in the home exchange and local calling area listed in Section 3.3.
- D. The rates for services and equipment not specifically shown in this section are presented in other sections of this Tariff.

exchanges.

#### **A2.2 BASIC LOCAL EXCHANGE SERVICE RATE SCHEDULE**

Exchange Service for Yadkin Valley

The following schedule of rates applies to Basic Local

Monthly rates

Exchange	NPA/NXX	Residence	Business
Advance	336/940/941/998	\$16.20	\$24.30
Brooks	336/467/468	\$16.20	\$24.30
Cooleemee	336/284	\$16.20	\$24.30
Courtney	336/463	\$16.20	\$24.30
East Bend	336/699	\$16.20	\$24.30
Harmony	704/546	\$16.20	\$24.30
Ijames	336/492	\$16.20	\$24.30
New Hope	704/592	\$16.20	\$24.30
Union Grove	704/539	\$16.20	\$24.30

Note: These rates do not include premise wiring maintenance, telephone instruments, or other services that are found in other parts of this Tariff.

#### **A2.9 LIFELINE SERVICE**

#### A2.9.1 General

Lifeline Service is offered in all exchanges to provide subsidized assistance to qualifying applicants. It is intended to promote subscribership among low income households by providing a monthly credit to be applied to the cost of local exchange service. The Cooperative follows rules for Lifeline Service set forth by the Federal Communications Commission, the North Carolina Utilities Commission and the North Carolina Rural Electrification Authority.

#### A2.9.2 Regulations

- A. The Lifeline program is available for one single line residential service per household at the principle place of residence of a qualified subscriber.
- B. Qualifying subscribers will receive a credit equal to 100% of the residential Basic Local Exchange Service rate for one residential line as set forth in Section A2.2 of this Tariff, or \$12.75 whichever is less.
- C. Lifeline subscribers may use toll limitation services at no charge. Toll limitation services consist of Toll Blocking Service (A13.9.2) and Toll Control Service (A13.9.3).

#### A2.9.3 Eligibility

- A. In order to be eligible for the Lifeline program, the subscriber (not a member of the subscriber's household) must be an adult and a current recipient of Supplementary Security Income (SSI), Food Stamps, Medicaid, or a current participant in Work First or Temporary Assistance for Needy Families.
- B. Effective April 3, 2000, eligibility criteria expanded to include Low Income Home Energy Assistance Program (LIHEAP) and Federal Public Housing (FPH)/Section 8.
- C. Certification
  - The Cooperative will accept self certification by the applicant.
  - 2. The applicant will be required to provide pertinent information to establish certification.
  - The Cooperative will verify the applicant's eligibility by contacting the appropriate government agency. If eligibility cannot be established, the subscriber will be billed for the amount of subsidy paid.
  - 4. The Cooperative will verify eligibility for existing Lifeline customers semiannually.

#### A2.9.4 Deposits for Lifeline Service

A. A Lifeline subscriber will be allowed to initiate local service without a deposit, if the subscriber voluntarily elects to receive Toll Blocking Service. (see Section A13.9) and maintains Toll Blocking Service during the period when a deposit is required.

#### A2.9.5 Collection Procedures for Lifeline Service

- A. Partial payments received from Lifeline subscribers will be applied to amounts owed for local service first. Any remaining amounts will be applied to toll service and other billed service on a pro-rata basis.
- B. Local service for Lifeline subscribers will not be suspended for non-payment of toll charges. However, the toll carrier may suspend toll service. Local service will be suspended for non payment of local service charges.

### Tackin valley Telephone Membership Corporation Attachment - Line 12 to Service Service



The Lifeline Program reduces the monthly bill for Local Telephone Service for low income customers.

Under FCC Guidelines, if you participate in the Federal Housing Assistance/Section 8, Food Stamps, Medicaid, Low Income Home Energy Assistance, Supplement Security Income (SSI), Temporary Assistance for Needy Families (TANF) programs you will qualify for the Lifeline Program. Additional eligibility requirements may apply to residents of federally recognized tribal lands.

To learn more about these programs contact your SSA Representative, your Social Services Case Worker or local telephone company.

El programa Lifeline reduce la factura mensual para el servicio telefónico local para los clientes de bajos ingresos.

los lineamientos de la FCC, si usted participa en el Federal Housing Assistance/Sección 8, estampillas de comida, Medicaid para Hogares de Bajos Ingresos de Asistencia de Energía, Suplemento Security Income (SSI), Asistencia Temporal para Familias Necesitadas (TANF) los programas que califican para el programa Lifeline. Requisitos de elegi-bilidad adicionales pueden aplicar a los residentes de tierras tribales reconocidas por el gobierno federal.

Para obtener más información sobre estos programas, comuníquese con su representante de la SSA, el trabajador social del caso o servicios de su compañía telefónica local.

#### LIFELINE ENROLLMENT REQUIREMENTS

#### **JUNE 2012**

Beginning June 1, 2012, all eligible telecommunications carriers (ETCs) are required to confirm an applicant's eligibility prior to enrolling the applicant in Lifeline.

If an ETC has no access to an eligibility database and the ETC, rather than a state agency or administrator, is responsible for establishing consumer eligibility, ETCs **must review documentation** to determine eligibility for new Lifeline subscribers.

ETCs have an obligation to keep accurate records of the data sources used to verify a consumer's eligibility for Lifeline, either through income or participation in a qualifying program. However, the Federal Communications Commission (FCC's) rules are clear that **an ETC must not retain any documentation** provided by a consumer to demonstrate his or her eligibility for Lifeline.

#### **Income Eligibility**

A consumer may be eligible for Lifeline if he or she has a household income at or below 135% of the Federal Poverty Guidelines.

#### **Income Eligibility**

An applicant may be eligible for Lifeline if he or she has a household income at or below 135% of the Federal Poverty Guidelines.

If a Lifeline applicant is claiming eligibility based on income, an ETC must review documentation demonstrating the individual's income. If the ETC has access to a database that contains information to confirm the subscriber's income, the ETC must use the database to validate the applicant's income. If there is no database available, the ETC must review documentation that demonstrates the applicant's income. The FCC has deemed the following as acceptable documentation of income (47 C.F.R. §54.410(b)(1)(i)(B):

- The prior year's state, federal, or Tribal tax return
- · A current income statement from an employer or paycheck stub
- A Social Security statement of benefits
- A Veterans Administration statement of benefits
- A retirement or pension statement of benefits
- An Unemployment or Workers' Compensation statement of benefits
- A federal or Tribal notice letter of participation in General Assistance
- A divorce decree, child support award, or other official document containing income information

If the documentation relied on does not cover a full year, such as a current pay stub, the subscriber must present the same type of documentation covering three consecutive months within the previous twelve months.

#### **Program Eligibility**

Consumers receiving benefits from one of the qualifying programs generally receive either a benefit or program participation award letter.

- Public Housing Assistance (FPHA) or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program (NSLP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Food and Nutrition Services (FNS) formerly known as Food Stamps
- Medicaid

#### Acceptable Forms of Documentation

#### Public Housing Assistance (FPHA) or Section 8

There are two types of documentation that can prove receipt of benefits under the Public Housing Assistance (FPHA), or Section 8, Program.

First, an applicant can provide an award letter. A recipient of Public Housing Assistance (FPHA), or Section 8, receives an award letter from his or her local Public Housing Agency (PHA). The award letter should include the following information:

- Name of program
- Date of award
- Name of beneficiary
- Award amount

Second, an applicant can provide either a Public Housing Assistance Lease Agreement or a Section 8 Voucher. These items should clearly reflect the type of Public Housing Assistance credit issued.

If the beneficiary does not have an award letter, lease agreement, or voucher, the applicant can contact the agency that approved the application and request formal documentation of his or her award. To find contact information for a local Public Housing Agency, please visit the U.S. Department of Housing and Urban Development's state contact and agency listing.

The beneficiary named on the FPHA documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and

confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

#### Low Income Home Energy Assistance Program (LIHEAP)

There are two types of documentation applicants can provide to demonstrate receipt of LIHEAP benefits.

First, a LIHEAP participant might have an award letter from a state agency. The award letter will include the following:

- Name of program
- Date of award
- Name of beneficiary
- Award amount

In some instances, if the beneficiary received notification of his or her approval in-person, the awardee might not have a formal award letter and will need to contact the state agency that approved the application to request a formal award letter.

Second, a LIHEAP participant can provide a utility bill that reflects the Housing Assistance credit. The utility bill should clearly reflect inclusion of an Energy Assistance credit.

The beneficiary named on the LIHEAP documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

To find contact information for a local LIHEAP agency, please visit the Low Income Home Energy Assistance Program's state contact and agency listing.

#### National School Lunch Program's Free Lunch Program (NSLP)

Although the National School Lunch Program's Free Lunch Program (NSLFP) is a federally assisted program, award letters are provided by state agencies and, thus, will vary by locality.

All award letters should contain the following basic information:

- · Name of program
- Name of beneficiary
- Address of beneficiary
- · Date of award

The beneficiary named on the NSLP documentation may be a dependent of the Lifeline applicant, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the

name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

#### Supplemental Security Income (SSI)

Participation in the federal portion of SSI is an eligibility criterion for Lifeline. Some states offer state supplements to the federal SSI program, but receipt of benefits from the state supplement, but not federal SSI, does not qualify an individual for Lifeline.

All award letters should contain the following basic information:

- Name of program
- Name of beneficiary
- Address of beneficiary
- Date of award
- Award amount

A benefit check stub from the Social Security Administration may also be submitted as proof of participation, if the check stub clearly states the date and name of the beneficiary.

The beneficiary named on the SSI documentation may be a dependent of the Lifeline applicant, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

#### Temporary Assistance for Needy Families (TANF)

All award letters should contain the following basic information:

- Name of program
- Name of beneficiary
- Address of beneficiary
- Date of award

The beneficiary named on the TANF documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

#### Food and Nutrition Services (formerly known as Food Stamps)

The Food and Nutrition Services (FNS) was previously known as Food Stamps. Beneficiary cards and award letters may vary because FNS is administered on a state level. It is recommended that an award letter from the local state agency be used for Lifeline verification purposes.

All award letters should contain the following basic information:

- Name of program
- Name of beneficiary
- Address of beneficiary
- Date of award

The beneficiary named on the FNS documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

#### Medicaid

Each state provides its own unique Medicaid card to beneficiaries. However, most cards should clearly state the following:

- Name of program
- Name of beneficiary
- State of residence
- Issued or effective date
- The name of the state agency that provided the card

The beneficiary named on the Medicaid documentation may be a dependent of the Lifeline applicant, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, the ETC must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline.

#### Record-Keeping Requirements

The Lifeline Modernization Order requires carriers to follow certain procedures when verifying an applicant's eligibility.

#### **Record-Keeping Requirements**

ETCs must confirm a consumer's eligibility prior to enrolling the consumer in Lifeline. Regardless of the method an ETC uses to confirm an applicant's eligibility for Lifeline (querying a database, receiving

confirmation from a state agency, or reviewing a consumer's documentation) the carrier is required to retain certain records.

In each instance, carriers should note whether the program beneficiary is the Lifeline applicant or a member of the applicant's family. If the applicant is enrolling in Lifeline based on the eligibility of a family member, the ETC should confirm in writing that the beneficiary named on the documentation (award letter, voucher, etc.) is a member of the applicant's household, and that the named beneficiary is not receiving Lifeline service.

Carriers must not retain copies of applicant's personal documentation that is viewed to validate eligibility. Instead, ETCs must keep accurate records that provide details about how each consumer demonstrated his or her eligibility. Carriers should be sure their records sufficiently document the type of record relied on to verify eligibility. Carriers can use the following checklist to establish procedures that comply with the FCC's rules.

#### Application/Certification Form

- 1. For each Lifeline applicant, retain a completed application that contains the following information from the prospective subscriber (see 47 C.F.R. § 54.410(d)(2)-(3)):
  - a. The subscriber's full name;
  - b. The subscriber's full residential address;
  - c. Whether the subscriber's residential address is permanent or temporary;
  - d. The subscriber's billing address, if different from the subscriber's residential address;
  - e. The subscriber's date of birth;
  - f. The last four digits of the subscriber's social security number, or the subscriber's Tribal identification number, if the subscriber is a member of a Tribal nation and does not have a social security number;
  - g. If the subscriber is seeking to qualify under the program-based criteria, the name of the qualifying assistance program from which the subscriber, his or her dependent, or his or her household receives benefits;
  - h. If the subscriber is seeking to qualify under the income-based criterion, the number of individuals in his or her household; and
  - A certification, under penalty of perjury, that:
    - The subscriber meets the income-based or program-based criteria for receiving Lifeline;
    - The subscriber will notify the carrier within 30 days if for any reason he or she no longer satisfies the criteria for receiving Lifeline including, as relevant, if the subscriber no longer meets the income-based or program-based criteria for receiving Lifeline support, the subscriber is receiving more than one Lifeline benefit, or another member of the subscriber's household is receiving a Lifeline benefit;
  - iii If the subscriber is seeking to qualify for Lifeline as an eligible resident of Tribal lands, he or she lives on Tribal lands;
  - iv. If the subscriber moves to a new address, he or she will provide that address to the ETC within 30 days;

- If the subscriber provided a temporary residential address to the ETC, he or she will be required to verify his or her temporary residential address every 90 days;
- vi. The subscriber's household will receive only one Lifeline service and, to the best of his or her knowledge, the subscriber's household is not already receiving a Lifeline service;
- vii. The information contained in the subscriber's certification is true and correct to the best of his or her knowledge;
- viii The subscriber acknowledges that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- ix. The subscriber acknowledges that the subscriber may be required to re-certify his or her continued eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to his or her continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits.

#### **Proof of Eligibility Verification**

- For each Lifeline applicant for which the ETC relied on a state or federal social service or income database to verify eligibility, retain the following records:
  - a. The name of the database queried;
  - b. The date the database was gueried; and
  - A copy of the confirmation received or a screen-shot of the page confirming eligibility (if available), or a confirmation by the ETC's employee or agent that the database confirmed eligibility.

For each Lifeline applicant for which the ETC relied on a state agency to verify eligibility, retain the following records:

- The name of the agency consulted;
- The agency contact;
- b. The date the confirmation of eligibility was received; and
- c. A copy of the notice provided by the agency that confirms eligibility.

### For each Lifeline applicant for which an employee or agent of the ETC reviewed eligibility documentation, whether based on income or program participation:

Type of documentation reviewed, for example:

- Award letter
- Voucher
- Benefits card
- Income statement

Date or expiration date of documentation

Identifying information about documentation submitted (for example, "letter from State Health and Human Services Agency");

Date reviewed;

Method the documentation was provided, for example:

- In person
- By fax
- By mail
- Electronically

Name or ID of employee or agent who reviewed documentation;

Name on documentation demonstrating program participation (if different from name of applicant);

Certification that individual named on documentation demonstrating program participation is part of applicant's household (if different from name of applicant); and

Certification that individual named on documentation demonstrating program participation does not already receive Lifeline (if different from name of applicant).

## YADKIN VALLEY TELEPHONE COMPANY (SAC 230511) ATTACHMENT - LINE 3026 ATTACHMENT REDACTED IN ENTIRETY